

Progressive multifocal leucoencephalopathy limited to the posterior fossa as first manifestation of HIV infection

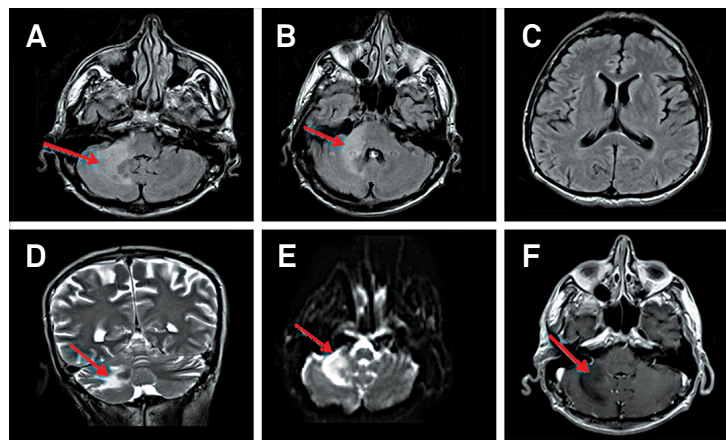
Leucoencefalopatia multifocal progressiva limitada à fossa posterior como manifestação inicial de infecção por HIV

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A healthy 58-year-old male presented with dysarthria, bilateral horizontal nystagmus, right dysmetria, and marked gait ataxia, which had started 6 days before, after falling from a tree. MRI (Figure) revealed lesions in the right cerebellum extending to the peduncle and pons. Thorough laboratory investigations revealed a positive HIV-1 serology with a serum

CD4 count of 47 and a positive PCR for JC virus in otherwise normal CSF, establishing the diagnosis of progressive multifocal leucoencephalopathy (PML).

PML presentation with lesions confined to the posterior fossa alone is unusual^{1,2} and descriptions as the first manifestation of HIV are very rare³.



A, B and C: Axial Flair; D: Coronal T2; E: Axial DWI; F: Axial Gd-T1.

Figure. An MRI (1,5 Tesla) of the brain showing a lesion (arrow) in the right cerebellar white matter extending to right cerebellar peduncle and pons. This lesion is hyperintense on T2/Flair weighted image (A, B and D) and hypointense on T1, without mass effect or gadolinium enhancement (F) and with diffusion restriction (E). The rest of the brain parenchyma is within normal limits (C).

References

- Berger JR, Aksamit AJ, Clifford DB, Davis L, Koralnik IJ, James J. Sejvar JJ et al. PML diagnostic criteria: consensus statement from the AAN Neuroinfectious Disease Section. *Neurology*. 2013;80(15):1430-8. <http://dx.doi.org/10.1212/WNL.0b013e31828c2fa1>
- Lima MA. Progressive multifocal leucoencephalopathy: new concepts. *Arq Neuropsiquiatr*. 2013;71(9B):699-702. <http://dx.doi.org/10.1590/0004-282X20130154>
- Lima MA, Andrade FV, Etchebehere RM, Silva-Vergara ML. [Progressive multifocal leucoencephalopathy as initial manifestation of acquired immunodeficiency]. *Rev Soc Bras Med Trop*. 1998;31(6):569-74. Portuguese. <http://dx.doi.org/10.1590/S0037-8682199800060001>

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